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ABSTRACT

The intent of this paper is to illustrate the use of stakeholder information in evaluating a school program. The material presented is part of a comprehensive formative evaluation of a crisis intervention program operated by a suburban school district situated near a large industrial city in the Midwest. The crisis intervention program provided counseling services to high school students experiencing personal problems, such as substance abuse, parental drinking, sexual abuse, grief and loss, and depression and suicide. The project illustrates the feasibility of a "triangulation of evidence" technique in which behavioral information from case records is used to supplement interview and questionnaire responses of various stakeholder groups. The term stakeholders as used here specifically includes the recipients of the service as well as third party groups impacted by the program. The illustrative study is followed by a discussion of the advantages and disadvantages of the present approach, and considerations regarding replication. The appendix is comprised of numerous tables dealing with choice of professional to intervene with various problems. (BW)

ASSESSING STAKEHOLDER INPUT IN A LARGE SYSTEM

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I. INTRODUCTION

The intent of this paper is to illustrate the use of stakeholder information in evaluating a school program. The material presented is part of a comprehensive formative evaluation of a crisis intervention program operated by a suburban school district situated near a large industrial city in the Midwest. The project illustrates a "trianqulation of evidence" technique in which behavioral information from case records are used to supplement interview and questionnaire responses of various stakeholder groups. The term stakeholders as used here specifically includes the recipients of the service as well as third party groups impacted by the program. The illustrative study is followed by a discussion of the advantages and disadvantages of the present approach, and considerations regarding replication.

Over the past 20 years, the role of stakeholders (i.e. those individuals and groups with vested interests in a program) has become increasingly prominant in educational evaluation--particularly formative evaluation. Most of the

evaluation models which have emerged since the late 1960's (e.g., Metfessel and Michael, 1967; Stufflebeam, et al., 1971; Alkin, 1971; Borich, 1974) call for stakeholder input. More recently, several evaluators chose to build their approaches around stakeholder input (e.g. Bryk, 1983). Despite this universal concern, however, comprehensive strategies for utilizing stakeholder input have yet to be fully developed. None of the authors cited provide specific methods that apply across settings. Suggestions which do appear in the literature concentrate on verbal input from given group members (e.g. interviews, questionnaires, use of weighted scales, panel discussions, etc.; for detailed presentations of such methods, refer to Patton, 1980, and Edwards, et al., 1975). The verbal report data obtained in most stakeholder based evaluations appear to focus on the following issues : "What questions are the most useful to ask about the outcome? To whom are the answers important?"

Asking stakeholders to answer questions such as these has several inherent advantages, including the identification of relevant measures to use, the identification of preferred means of presenting results, and prompting the interest and participation of stakeholders once results are presented (Stake, 1983). However, several issues remain unaddressed. One such issue is what Collet calls "goal distortion" (Collet, Walz, and Collet, 1983; Collet and Pintrich, 1980; Collet, 1977): what participants say about the effectiveness of a program does not necessarily reflect its true effectiveness -- it may only reflect its ability to please or displease. Using verbal input as the sole basis for formulating

evaluation measures can seriously distort the foci and results of an evaluation (for a case in point, see Farrar and House, 1983). Furthermore, although the strategy of assessing verbal input can serve to identify the relevant evaluation issues and agreements and disagreements with regard to those issues, it neither clarifies the reasons for disagreement, nor identifies the consequences of those agreements and disagreements for the operation of the program.

The primary purpose of this paper is to illustrate the feasibility of using both verbal and behavioral measures in the assessment of stakeholder input. Measures of actual stakeholder behavior can be obtained from several sources, including existing documents (e.g. case records, school records), evaluator observation, participant observation, and participant self-monitoring (e.g. daily checklists).

The inclusion of behavioral measures with verbal reports, and the subsequent triangulation of evidence could strengthen stakeholder based evaluation in the following ways:

- Clarify the validity of a priori groupings of stakeholders.
- Quality and specificity of feedback to participants could be enhanced.
- Global agreements and/or disagreements among stakeholders could be clarified and focused by examining actual behavior.
- Behavioral measures of stakeholder involvment could help isolate or pare down the factors in the program environment influencing verbal ratings, descriptions, and positions (e.g. are differences among groups influenced by unequal payoffs for respective members,

by differences in access to information, by constraints inherent in group members' roles, by physical access to facilities, etc.).

Verbal positions, illuminated by behavioral measures, can help isolate specific points in the ecology of the program that can be targetted for clarification (i.e. more stakeholder input), intervention and modification (e.g. is the most appropriate intervention a change in administrative policy, additional information and training for certain groups, arranging compliance incentives, etc.).

II. THE PROJECT

A. The Program

Between mid-1979, and September of 1982, parents and school officials identified several problem areas that affected the teenage population in the community. These included substance abuse, parental drinking, sexual abuse, grief and loss, and depression and suicide. The recognition of these problems presented several challenges to the school systems and the community. First, such personal problems were seen as barriers to learning, academic achievement, social adjustment, and long-range goal attainment. Second, although the problems had a direct impact on school performance and adjustment, there was no comprehensive strategy to deal with them within the school. This "service gap" prompted the school board to initiate a crisis intervtion program for the 1982-1983 school year in the district's two senior high schools,

which had a combined enrollment of some 3,150 students.

The crisis intervention program was intended to provide several educational and counseling services on a number of levels. These included inservice training sessions for teachers and counselors, consultation with middle school counselors, special-topic small group sessions with students, direct counseling services to students in crisis and their families, and referral to community resources whenever appropriate.

To implement this program, two intervention counselors were appointed. Their role was largely personal counseling with students (.6 time) and consultation with teachers and general counselors (.2 time). The appointments recognized the need for expanding services to high risk youth, while maintaining a consistent level of guidance and counseling services provided by the regular counseling staff. Other professionals from the community were invited to conduct the inservice sessions.

B. Methods

The crisis counseling program was developed to deal with personal problems of an urgent nature. It was therefore considered unethical to use the usual control or delayed treatment comparison groups for evaluation. To at least partially compenste for this weakness, the evaluation was designed to facilitate triangulation of

evidence. The term "triangulation" comes from a geometric principle used by land surveyers to precisely locate the position and elevation of a distant object such as a mountain top. As used in evaluation (cf. Collet, Walz, and Collet, 1983, p. 21-22), triangulation refers to the systematic collection of data from at least three different perspectives: perceptions of stakeholders, detailed program records (e.g. patterns of service utilization), and records of client changes over time.

The overall evaluation had three distinct components: stakeholder assessment, evaluation of inservice sessions, and the examination of problems dealt with and case disposition. For the stakeholder portion of the evaluation, data were collected by three means. First, interviews were conducted with the crisis counselors themselves and with the program's developers -- the director of the district's office of guidance and counseling, and reprsentatives from the school board and from a community action group. Second, a set of anonymous questionnaires was designed to gather input from parents, students, and instructional staff -- groups too large and diverse to effectively use interviewing as a method of gathering representative data. Third, measures of stakeholder behavior were coded from the case records of the crisis counselors, along with other information.

Interviews were conducted to define an number of evaluation issues, including the following: how is a crisis counselor differentiated from a general counselor, what kinds of outcomes

would be indicative of program effectiveness; and what kinds of other issues are important with regard to program implementation. Another purpose of the interviews was to generate items for use on the questionnaire.

Each set of questionnaires had two sections. The first consisted of a list of 21 problems likely to be encountered by high school students; these included 11 personal problems like depression and substance abuse, and 10 "guidance" problems like schedule changes and choosing a college. Participants were asked to choose which school professional, if any, was most appropriate to deal with that problem. The second section was comprised of Likert scaled items referring to the overall appropriateness and desirability of a crisis intervention program in a public school setting. The staff version of the questionnaire also provided space for open ended comments. Because of the relatively greater number of respondents, student and parent versions did not have this feature. The student version also had an additional section to be filled out by those individuals who had received services from the crisis counselor.

Consistent with the requests of school board members, questionnaires were distributed as a census to some 3,150 students, and 150 instructional staff members. Also, questionnaires were mailed to 1600 households to gather input from parents. Because of the nature of the sampling, only univariate and bivariate frequency distributions were used to examine results.

Existing case records were the source of the behavioral data. The crisis counselors were taught to use a codebook to extract specific information from the records and tranfer it to a computer readable format. Each case was coded for the following information: sex of client, curriculum enrolled in, source of referral, presenting problem at referral, problems dealt with in counseling (focus in treatment), types of services rendered, and outcome of cases (case disposition). Because the counselors themselves invented a new identification number for each case, they were the only ones who could match the computer codes with the actual cases. In this manner, counselor/client confidentiality was preserved.

C. Results: Verbal Report Data

Interviews with program developers and the crisis counselors themselves revealed that aside from being interested in information on actual problem incidence and case outcomes, these individuals were most concerned about other stakeholders' perceptions of and priorities for the program, because, for the most part, these groups did not participate directly in the development of the program. The issues considered most important are listed as follows: should personal problems of students be dealt with in the school; which particular problems, if any, are considered appropriate for intervention; who is seen as the most appropriate school professional to intervene; is a formal program that deals with students' personal problems appropriate in a public school setting;

should such a program be expanded to serve a younger (i.e. middle school) population; and are there any concerns over the fact that both crisis counselors are male. Subsequently, these issues comprised much of the content of the questionnaires directed at parents, students, and instructional staff.

A total of 1,978 students, 445 parents, and 83 members of the instructional staff responded to questionnaires. With few exceptions, responses to Likert-scaled items appeared to be consistent across all three groups, and across schools. A majority of all respondents agreed that a crisis counselor should be available in the district's two senior high schools (92.4%, 82.3%, and 73.9% of parents, staff, and students, respectively). A majority of each of the three stakeholder groups disagreed with items which stated that students' personal problems should not be dealt with in the school. A majority of both parents and students agreed that they needed more information about the current program. While a majority of parents did not object to a student being seen by a counselor of the opposite sex (65.9% regarding female students seeing a male counselor, and 67.7% regarding the reverse situation) students split on this issue (36.6% agreed that they would be uncomfortable, 39.8% disagreed, and 23.6% expressed "no opinion"); these distributions remained consistant when stratified by sex of the respondent.

Some items were directed at specific stakeholder groups. For example, 80.3% of the parents agreed that such a program should al

be available for younger students. On a set of specialized items, 86.4% of staff members agreed that they were comfortable referring students to the crisis counselor, while 71.1% of this group disagreed that they hesitated to consult him.

In general, parents and students tended to agree with each other over which school professional was most appropriate to intervene with given problems. These respondents agreed that planning for the next term, schedule changes, choosing a college, school performance, failing an examination, flunking a semester, and adjustment to a new school were within the general counselors' domain. Parents and students also selected the crisis counselor to be the most appropriate professional to deal with depression, suicide, alcohol abuse, other substance abuse, physical abuse, and pregnancy. However, students found sexually transmitted diseases, sexual abuse (i.e. in the home), grief and loss, arrest, and breaking up with a boyfriend or girlfriend not appropriate for intervention in the school. Parents found only the breakup issue to be inappropriate, while attributing the other situations to be the crisis counselors' responsibility. Like responses on the Likert-scaled items, the distributions of responses on these items were consistent across schools.

Consistent with parent and student responses, there appeared to be a strong consensus among teachers with regard to the role of the general counselor. A majority of staff members from both schools chose this professional as the most appropriate to intervene with

the following problems: planning for the next term, schedule changes, choosing a college, flunking a semester, failing an exam, school performance, and adjustment to a new school.

The staff responses regarding the most appropriate professional to intervene with students' personal problems appeared to differ by school (see Appendix, Tables 1-10). Problems concerning grief and loss, physical abuse, sexual abuse, depression/suicide, alcohol abuse, other substance abuse, and pregnancy were seen as being in the crisis counselor's domain by a majority of staff in one school (School B); for the same items, the opinions of the staff of the other school (School A) were split between the crisis counselor and "either the crisis counselor or the general counselor" (see Appendix, Tables 2-8). With regard to sexually transmitted diseases, the consensus at School A was split between the crisis counselor and "either counselor," while at School B the split was between the crisis counselor and "another school professional" (presumably the school nurse) (Appendix, Table 9). Finally, while 47.4% of School A's staff chose the general counselor to be the most appropriate professional to deal with school attendance, "another school professional" (presumably the attendance officer) was designated this way by 63.6% of School B's staff (Appendix, Table 10). A similar split was noted with regard to the problem of skipping classes.

While the numbers of parents and students were too large to request additional remarks, comments were solicited from staff

members at the end of their version of the questionnaire. Of 83 staff members returning questionnaires, 50 chose to include additional comments. With regard to the counseling department, respondents almost universally listed "coordination of information" as an area the needed change. More specific comments in this area included the following: the need for more teacher/counselor contact regarding students' academic concerns and choices; the issue of counselors informing teachers about "students' special needs" and giving specific reasons for removing students from class; the issue of removing students too frequently from the same class for conferencing; and the issue of including counselors or counselor-representatives at teachers' staff meetings to facilitate ongoing dialogue.

Although remarks were not requested, 45 parent questionnaires were returned with comments. Most of these comments emphasized the need for strictest confidentiality for students with personal problems. Other comments raised the issues of parental consent for personal counseling, and the need for parental participation in the counseling process.

Finally, each student questionnaire included a section to be filled out by the recipients of counseling services. However, because the number of respondents here greatly outnumbered the number of actual case records, these results will not be reported or interpreted.

To summarize, the disagreements in stakeholders' verbal report data occurred between parents and students with regard to the appropiateness of some specific problems for school intervention, and between parents and staff with regard to confidentiality. The most consistent between-school disagreements were among staff with regard to the "most appropriate professional to intervene" with students' personal problems.

D. Results: Behavioral Data

A total of 376 cases (11.7% of the ehtire enrollment) seen by the counselors on one or more occasions between September 1, 1982, and April 1, 1983, were examined by coding specific information from the case records into a computer readable format. Behavioral data from these case records revealed more extensive between-school differences. Most of the cases at both schools were self-referred (47.1% for both schools combined). However, while the majority of the cases at School A were either self-referred, or referred by an administrator (58% and 20.7%, respectively), the cases at School B were referred by a more diverse cross-section of school professionals and other individuals, with 35.5% being self-referred (see Appendix, Table 11).

The most common types of service delivered were individual counseling, and individual counseling accompanied by either a concurrent or subsequent referral (33.4% and 22.9%, respectively).

However, there appeared to be between-school differences in the patterns of service delivery. At School A, individual counseling was the service provided most frequently, while the next most commonly provided service was group counseling (49% and 30.2%, respectively). At School B, however, individual counseling with referral was the most frequently provided service (38.8%), followed by inhouse referrals -- that is, referrals to other professionals within the building (26.8%) (see Appendix, Table 12).

E. Discussion of Results

Differences in verbal report, particularly of staff members, paralleled differences in actual behavior in the context of the program. Staff members in School A did not seem to differentiate among school professionals with regard to the "most appropriate professional to intervene" with students' personal problems, while staffers at School B, like parents and students, appeared to draw sharper distinctions among the roles of school personnel. Paralleling these differences were contrasting patterns of referral and service delivery in the two respective schools. Referrals at School B tended to come from a variety of school professionals and other individuals, while referrals at School A came predominently from the students themselves, and from administrators (Appendix, Table 11). Similar between-school differences appeared in the distribution of cases by type of service (Appendix, Table 12).

While almost 80% of all cases at School A were sen in individual or group sessions, the majority of School B's cases were either seen indivdually with concurrent referral, or were referred inhouse; although contrasting clinical styles can account for many of these differences, they are, nonetheless, consistent with differences in referral patterns.

One explanation for the above between-school differences is that the counseling departments of the two high schools may have evolved different service delivery systems, with School B counselors developing roles which teachers perceive as specialized, while School A counselors may be seen as having more "generic" functions. This explanation can account for some of the differences in service delivery patterns, and in staff perceptions of crisis counselors' roles. However, staffs' clear consensus regarding the general counselors' roles in both schools seems somewhat inconsistent with this explanation, and differences in referral patterns are not accounted for.

Another explanation for the above patterns is that there may be fewer opportunites for communication among professional groups at School A than at School B. This explantion can account for a broader diversity of referral sources and greater frequency of inhouse referrals at School B, as well as more distinct staff role differentiation at that school, not only between crisis counselors and general counselors, but between the counseling department in general and other school professionals. This explanation can

accomodate the consensus regarding the general counselors' role, which is more traditional and better established than the crisis counselors'. A factor not previously considered that supports this explanation is the architectural layout of the two high schools: at School B, the counselors' offices, teachers' lounge, and administrators' offices are centrally located and adjacent to each other, while these facilities at School A are physically seperate. It must be noted that this proximity factor is not inconsistent with either the first explanation, or with the notion of different clinical styles. In fact, all three sets of the above circumstances may be operating concurrently. Despite between-school differences, the staffs of both schools appeared to be supportive of the crisis counselor program.

The verbal report section of this stakeholder assessment served some of the major functions of conventional stakeholder based evaluation (cf. Weiss, 1983): it clarified the developers' concerns regarding other stakeholders' perceptions of program appropriateness, and introduced confidentiality policy and intra-staff coordination of information as crucial issues not previously addressed. Furthermore, triangulation of verbal input with behavioral measures served to clarify the impact of various stakeholders' perceptions on the operation of the program.

The stakeholder section of this evaluation also provided information which proved invaluable with regard to the clarification of information collected in other phases of the evaluation. For

example, different patterns of problem incidence in the two schools were seen as partly a function of differential labeling at referral, and not exclusively as differences either in student populations or in actual problems experienced per se. On the basis of the stakeholder information, teacher information needs were redefined as being most concerned with clarification of policies and procedures, and not the identification of students' personal problems, as the developers originally assumed when they designed inservice training sessions. All the above information was subsequently utilized to make changes in policy, record keeping practices (i.e. with regard to problem incidence), and design of teacher inservice sessions for the following school year.

III. IMPLICATIONS

The data gathered confirmed much of what the authors expected to find: triangulation of verbal and behavioral evidence improved the quality of feedback to stakeholders, clarified actual stakeholder involvement in the program, identified a major unanticipated factor influencing program operation (i.e. physical setting), and identified appropriate intervention targets (i.e. the need for information exchange policies, especially where architectural constraints limit informal exchange). The authors' initial contention that verbal input does not adequately represent what actually goes on in the program is graphically demonstrated by

the fact that a majority of staff members of both schools agreed with a statement that they felt comfortable in referring students to the crisis counselor (86.4%), while they disagreed that they felt hesitant to consult with him (71.1%). As illustrated previously, these statements did not reflect actual behavior, as teacher referrals were virtually non-existant in one school.

The major problem encountered throughout this project was non-compliance. Only 62% of the students, 55% of the instructional staff, and 28% of the parents contacted chose to respond to questionnaires. The developers' insistance that the schools distribute and collect the questionnaires may have had an impact on this low rate. Questionnaires for teachers and students were administered over a one week period in a variety of settings (e.g. faculty lounges, study halls, homerooms). Furthermore, because of the sampling method used (census) and the lack of specific identifying information on the questionnaies (i.e. to insure confidentiality, as school personnel were handling the materials), follow-up procedures with regard to verbal input were precluded.

The findings here lend strong support for the notion of incorporating behavioral measures with verbal report in assessing stakeholder input. Replication under a variety of conditions is necessary to establish the present approach as a viable evaluation technique across programs and settings. However, the present example of incoporatng strategies more often discussed with regard to "implementation evaluation" (Stufflebeam, et al., 1971), and

"process evaluation" (Patton, 1980) into stakeholder based approaches can serve to strengthen the latter approach and help evolve its usefulness.

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APPENDIX

Table 1
Percent of Staff Choices
Most Appropriate Professional
To Intervene with Family Conflicts

School	Most Appropriate Professional					Total within Counseling Department
	Crisis Counselor	General Counselor	Either Counselor	Another School Professional	Not Appropriate For Intervention In School	
At SCHOOL A	15.4	23.1	38.5	7.7	15.4	76.9
At SCHOOL B	29.4	17.6	38.2	2.9	11.8	85.3
TOTAL Both Schools	21.9	20.5	38.4	5.5	13.7	80.8

Table 2
Percent of Staff Choices
Most Appropriate Professional
To Intervene with Grief and Loss

School	Most Appropriate Professional					Total within Counseling Department
	Crisis Counselor	General Counselor	Either Counselor	Another School Professional	Not Appropriate For Intervention In School	
At SCHOOL A	20.5	12.8	53.8	5.1	7.7	87.2
At SCHOOL B	55.9	8.8	26.5	0.0	8.8	91.2
TOTAL Both Schools	37.0	11.0	41.1	2.7	8.2	89.0

Table 3
Percent of Staff Choices
Most Appropriate Professional
To Intervene with Physical Abuse

School	Most Appropriate Professional					Total within Counseling Department
	Crisis Counselor	General Counselor	Either Counselor	Another School Professional	Not Appropriate For Intervention In School	
At SCHOOL A	42.9	14.3	31.0	9.5	2.4	88.1
At SCHOOL B	52.9	5.9	26.5	11.8	2.9	85.3
TOTAL Both Schools	47.4	10.5	28.9	10.5	2.6	86.8

Table 4
Percent of Staff Choices
Most Appropriate Professional
To Intervene with Sexual Abuse

School	Most Appropriate Professional					Total within Counseling Department
	Crisis Counselor	General Counselor	Either Counselor	Another School Professional	Not Appropriate For Intervention In School	
At SCHOOL A	47.6	7.1	31.0	9.5	4.8	85.7
At SCHOOL B	59.4	6.3	18.8	9.4	6.3	84.4
TOTAL Both Schools	52.7	6.8	25.7	9.5	5.4	85.1

Table 5
Percent of Staff Choices
Most Appropriate Professional
To Intervene with Depression and Suicide

School	Most Appropriate Professional					Total within Counseling Department
	Crisis Counselor	General Counselor	Either Counselor	Another School Professional	Not Appropriate For Intervention In School	
At SCHOOL A	50.0	7.1	26.2	11.9	4.8	83.3
At SCHOOL B	81.3	3.1	12.5	3.1	0.0	96.9
TOTAL Both Schools	63.5	5.4	20.3	8.1	2.7	89.2

Table 6
Percent of Staff Choices
Most Appropriate Professional
To Intervene with Alcohol Abuse

School	Most Appropriate Professional					Total within Counseling Department
	Crisis Counselor	General Counselor	Either Counselor	Another School Professional	Not Appropriate For Intervention In School	
At SCHOOL A	45.0	10.0	37.5	5.0	2.5	92.5
At SCHOOL B	54.8	6.5	32.3	3.2	3.2	93.5
TOTAL Both Schools	49.3	8.5	35.2	4.2	2.8	93.0

Table 7
Percent of Staff Choices
Most Appropriate Professional
To Intervene with Other Substance Abuse

School	Most Appropriate Professional					Total within Counseling Department
	Crisis Counselor	General Counselor	Either Counselor	Another School Professional	Not Appropriate For Intervention In School	
At SCHOOL A	48.8	9.8	34.1	4.9	2.4	92.7
At SCHOOL B	62.5	3.1	25.0	6.3	3.1	90.6
TOTAL Both Schools	54.8	6.8	30.1	5.5	2.7	91.8

Table 8
Percent of Staff Choices
Most Appropriate Professional
To Intervene with Pregnancy

School	Most Appropriate Professional					Total within Counseling Department
	Crisis Counselor	General Counselor	Either Counselor	Another School Professional	Not Appropriate For Intervention In School	
At SCHOOL A	39.0	4.9	46.3	4.9	4.9	90.2
At SCHOOL B	50.0	9.4	28.1	6.3	6.3	87.5
TOTAL Both Schools	43.8	6.8	38.4	5.5	5.5	89.0

Table 9
Percent of Staff Choices
Most Appropriate Professional
To Intervene with Sexually Transmitted Diseases

School	Most Appropriate Professional					Total within Counseling Department
	Crisis Counselor	General Counselor	Either Counselor	Another School Professional	Not Appropriate For Intervention In School	
At SCHOOL A	42.5	5.0	35.0	5.0	12.5	82.5
At SCHOOL B	46.9	3.1	18.8	21.9	9.4	68.8
TOTAL Both Schools	44.4	4.2	27.8	12.5	11.1	76.4

Table 10
Percent of Staff Choices
Most Appropriate Professional
To Intervene with School Attendance

School	Most Appropriate Professional					Total within Counseling Department
	Crisis Counselor	General Counselor	Either Counselor	Another School Professional	Not Appropriate For Intervention In School	
At SCHOOL A	2.6	47.4	23.7	26.3	0.0	73.7
At SCHOOL B	3.0	21.2	12.1	63.6	0.0	36.4
TOTAL Both Schools	2.8	35.2	18.3	43.7	0.0	56.3

Table 11
Distribution of Cases
Percent by Source of Referral

School	Source of Referral									Tota
	Teacher	General Counselor	Peer	Self	Administrator	Parent	Clergy	Special Education	Secretary	
At SCHOOL A	0.5	6.7	8.8	58.0	20.7	4.1	0.0	1.0	0.0	10
At SCHOOL B	17.5	8.7	7.7	35.5	14.2	9.8	1.1	4.9	0.5	10
TOTAL Both Schools	8.8	7.7	8.2	47.1	17.6	6.9	0.5	2.9	0.3	10

Table 12
Distribution of Cases
Percent by Type of Service

School	Type of Service								To
	Individual Counseling	Group Counseling	Family Counseling	Counseling Plus Referral	Preparation For Referral	Outside Referral	Inhouse Referral	Information	
t CHOOL A	49.0	30.2	0.0	7.8	10.4	0.5	0.0	2.1	1
t CHOOL B	16.0	6.0	1.6	38.8	2.2	4.4	26.8	3.3	1
OTAL oth Schools	33.4	18.4	0.8	22.9	6.4	2.4	13.0	2.7	1